



September 2017

## **ADDITION OF SERVICES ON-CAMPUS AND HOSPITAL SATELLITE LOCATIONS**

### **\_\_\_\_\_ 1. Submit building plans for the remodel to the Facilities Planning and Safety (FPS) Program:**

Hospitals are subject to building plans review by FPS. FPS will provide all guidance relative to those processes and the associated fees. The hospital must submit plans or schematic drawings of the proposed building alterations to FPS to initiate the plans review and building approval process. Contact FPS at: [mailbox.fps@state.or.us](mailto:mailbox.fps@state.or.us)

More information about FPS is located on the FPS website at: [www.healthoregon.org/FPS](http://www.healthoregon.org/FPS)

Patient care services may not be provided in the affected area(s) until after FPS has issued a Final Notice of Project Approval for the project.

### **\_\_\_\_\_ 2. Submit licensure documents:**

\_\_\_\_\_ a. A hospital license application form reflecting a request to add a new service. The application form is located on our website at [www.healthoregon.org/hcrqi](http://www.healthoregon.org/hcrqi)

\_\_\_\_\_ b. A cover letter describing the addition of the new service with an anticipated effective date and specifies the type and scope of the service. Indicate the date on which FPS was contacted to initiate the building plans review process. The letter must include a statement which attests that the services will be provided in a manner which ensures compliance with all  
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applicable hospital Oregon Administrative Rules and Medicare Conditions of Participation and Code of Federal Regulations. Links to those requirements are located on our website at [www.healthoregon.org/hcrqi](http://www.healthoregon.org/hcrqi)

Patient care services may not be provided in the affected area(s) until after FPS has issued a Final Notice of Project Approval for the project, all applicable onsite and offsite activities have been completed, and all required documents have been received.

### **\_\_\_\_\_ 3. For Medicare certification records:**

The hospital must contact its Medicare Administrative Contractor (MAC) to inquire as to whether the addition of the new service requires the completion of the applicable change CMS 855. If so, once the MAC has completed its review, the hospital must submit a copy of the MAC evaluation letter.

Once the FPS and licensing steps described above have been completed, this office will forward the MAC evaluation to CMS for its final determination.

In addition, if the hospital has "deemed status" its Accreditation Organization (AO) must be notified of the addition of a new service if required by AO procedures.

If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY 711.